

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS

DOUGLAS JOHNSON,

Plaintiff,

v.

Civil Action

COOK COUNTY SHERIFF THOMAS DART,

No.

in his official capacity; ANTWAUN

22-cv-03718

BACON, a CCDOC OFFICER; and COOK

COUNTY, a municipal corporation,

Defendants.

DEPOSITION OF PATRICK ENNIS, M.D.

DATE: Thursday, March 7, 2024

TIME: 10:39 a.m.

LOCATION: Cook County Jail Cermak Hospital

2800 South California Avenue

Chicago, IL 60608

REPORTED BY: Steven Taylor

JOB NO.: 6578355

A P P E A R A N C E S

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P R O C E E D I N G S

THE REPORTER: Good morning. My name is Steven Taylor. I'm the reporter assigned by Veritext to take the record of this proceeding. We are now on the record at 10:39 a.m.

This is the deposition of Dr. Patrick Ennis taken in the matter of Douglas Johnson vs. Cook County Sheriff Thomas Dart, in his official capacity; Antwuan Bacon, a CCDOC officer; and Cook County, a municipal corporation, on Thursday, March 7, 2024, at 2800 South California Avenue, Chicago, Illinois 60608.

I'm a notary authorized to take acknowledgements and administer oaths in Illinois. Parties agree that I will swear in the witness remotely.

Additionally, absent an objection on the record before the witness is sworn, all parties and the witness understand and agree that any certified transcript produced from the recording of this proceeding:

- is intended for all uses permitted under applicable procedural and evidentiary rules and laws in the same manner as a deposition recorded

1 by stenographic means; and
2 - shall constitute written stipulation
3 of such.

4 At this time will everyone in
5 attendance please identify yourself for the record,
6 starting with counsel for the plaintiff.

7 MR. BLEIFUSS: Good morning. Adrian
8 Bleifuss, B-L-E-I-F-U-S-S, for the plaintiff.

9 MR. LARIOS: Good morning. Assistant
10 State's Attorney Miguel Larios for the witness, Dr.
11 Ennis.

12 MR. ZEID: Good morning. Assistant
13 State's Attorney Joel Zeid here on behalf of defendant
14 Sheriff Dart.

15 MR. STILLMAN: Zachary Stillman on
16 behalf of Defendant Bacon.

17 THE REPORTER: Thank you. Hearing no
18 objection, I'll swear in the witness.

19 Doctor, please raise your right hand.
20 WHEREUPON,

21 PATRICK ENNIS, M.D.,
22 called as a witness and having been first duly sworn
23 to tell the truth, the whole truth, and nothing but
24 the truth, was examined and testified as follows:

1 THE REPORTER: Thank you. You may
2 lower your right hand.

3 Counsel, you may proceed.

4 EXAMINATION

5 BY MR. BLEIFUSS:

6 Q Good morning, Doctor. Could you please
7 state your name, pronounce it, and spell it for the
8 record, your full name?

9 A My name is Patrick K. Ennis. Last name is
10 spelled E, N as in Nancy, N as in Nancy, I-S.

11 Q And are you currently at the Cook County
12 Jail?

13 A I am.

14 Q Okay. Doctor, have you been deposed before?

15 A I have.

16 Q Okay. Just to emphasize a few rules, some
17 of which we've already heard from the court reporter,
18 do your best to let any attorney posing a question
19 finish their question before interjecting because it's
20 very natural in human conversation to jump in when you
21 anticipate the question.

22 So I just ask that you please wait for
23 whoever is asking you a question to finish their
24 sentence before you jump in. Does that make sense?

1 A It does.

2 Q And also, if any question that I pose or any
3 other attorney poses to you is confusing or unclear, I
4 just ask that you please ask us to restate the
5 question or clarify. Does that make sense?

6 A It does.

7 Q Otherwise, I will assume that you understand
8 my question. Does that make sense?

9 A Yes.

10 Q Okay. How many depositions do you imagine
11 you've testified in before, if you can estimate?

12 A This is my second.

13 Q Okay. Apart from -- well, obviously you've
14 heard the court reporter read out the case caption.
15 Do you know any -- have you looked at the complaint
16 filed in this lawsuit?

17 A I did.

18 Q Okay. And apart from -- or without getting
19 into the substance of any conversation you've had with
20 your attorneys, how have you prepared for this
21 deposition?

22 A I read the complaint, and I read the
23 exhibits that you provided.

24 Q Okay. And did you speak with either ASA

1 Joel Zeid or ASA O'Connor regarding this matter?

2 A No.

3 Q Okay. Doctor, where did you attend high
4 school?

5 A High school, I went to St. Joseph's
6 Preparatory School in Philadelphia, Pennsylvania.

7 Q Is that on Lancaster Avenue?

8 A No, it's on Girard Avenue.

9 Q Okay. And where did you go to medical
10 school? Or sorry. Where did you go to college for
11 undergrad?

12 A Yeah. I went to Loyola University Chicago.

13 Q And what did you study there?

14 A I double-majored in biology and psychology,
15 and I minored in bioethics.

16 Q And what year did you graduate from Loyola?

17 A 2010.

18 Q Okay. And where did you subsequently go to
19 medical school?

20 A I went to New York Medical College.

21 Q And what year did you get your M.D.?

22 A 2014.

23 Q And did you subsequently do a residency at a
24 hospital?

1 A I did.

2 Q And where was that?

3 A I did residency at West Suburban Medical
4 Center in Oak Park, Illinois.

5 Q And how many years is that as a --

6 A Three years.

7 Q Thank you. And after those three years,
8 where were you employed?

9 A At Cermak Health Services.

10 Q And have you worked at Cermak Health
11 Services since then?

12 A Correct.

13 Q Can you explain where Cermak Health Services
14 is physically?

15 A Yeah, it's physically within the walls of
16 the Cook County Jail, the main compound of the Cook
17 County Jail.

18 Q And when people refer to Division 8 in Cook
19 County Jail, what is the relationship between Division
20 8 and Cermak?

21 A Division 8 is sort of a nebulous term here.
22 So it could mean either the Cermak building, or it
23 could mean the RTU building.

24 Q The RTU building?

1 A Correct.

2 Q Okay. And what is your official position
3 today at Cermak?

4 A My official title per the county health
5 system is attending physician VII.

6 Q I'm sorry. That's attending physician what?

7 A Seven.

8 Q That's number 7?

9 A It's usually written out the Roman numeral
10 VII.

11 Q Okay. Roman numeral VII. Okay. And what
12 does the Roman numeral signify by that? I'm sorry.
13 What does that mean?

14 A Yeah, the Roman numeral corresponds to the K
15 grade that I have within the county pay scale.

16 Q Okay. And were you an attending physician
17 VII in the summer of 2020?

18 A I was.

19 Q And have your duties changed substantially
20 from the summer of 2020 until today?

21 A Yes.

22 Q Can you explain how they've changed?

23 A Okay. Well, I mean, a lot has changed,
24 right, during the COVID pandemic. So I guess the main

1 change in my duties has been that I assumed the role
2 of medical director of the Cermak Opioid Treatment
3 Program. But my primary care clinical assignments
4 have also changed since that time.

5 Q Has the load lightened as you've undertaken
6 the role of medical director for opioid treatment?

7 A No. In fact, it has become the opposite.

8 Q Okay. What does an attending physician do?
9 What does that mean?

10 A So attending physician means that you have
11 completed medical school, completed residency. So it
12 is what most people think of as a doctor.

13 Q And for persons detained or incarcerated in
14 the Cook County Jail, do you function as a general
15 practitioner? Is that terminology that would make
16 sense?

17 A I don't like to use the word "general
18 practitioner." I'm a family physician. I'm also
19 board certified in addiction medicine. So depending
20 on the context in which I'm seeing the patient, I
21 could be functioning as their family physician or in
22 an addiction-based setting.

23 Q Okay. And do you see patients at Stroger or
24 any other facility within the Cook County Health

1 System?

2 A No.

3 Q I am going to share a large document with
4 you that I'm going to call Group -- I'm sorry. Was it
5 Ennis or Ennis, Doctor?

6 A Ennis.

7 Q I'm going to call it Ennis Group Exhibit 1.
8 And this is a body of medical records that are Bates
9 stamped 4162 through 6807 that's produced by Johnson.
10 (Ennis Group Exhibit 1 was marked for
11 identification.)

12 And the first page I'm going to show you is
13 Bates numbered 4557, if I can just get the sharing to
14 work. Do you see -- am I successfully showing you a
15 portion of a medical chart?

16 A Yes, I see that.

17 Q Okay. And is this one of the documents you
18 reviewed in preparation for this deposition?

19 A It appears to be so. Would you mind
20 scrolling up so I can see the date at the top? Yeah,
21 I believe I reviewed this document.

22 Q Okay. I'm going to -- can you explain how a
23 document like this is composed? Because it seems to
24 me like there are inputs from different providers. Is

1 that fair to say?

2 A Yeah. So, I mean, so this is my clinical
3 notes. Some of the information is being pulled in.
4 So of course our clinical notes are -- are done in
5 electronic medical record. Right?

6 So some of this data was entered by various
7 other people -- I'm seeing RNs, et cetera -- over time
8 that -- that this patient has been within the Cook
9 County Health System, not necessarily just limited to
10 the Cermak encounter. But the note in general, the
11 substance of the note, is composed by -- by myself.

12 Q And you composed this document upon
13 reviewing other information entered by personnel in
14 the Cook County Health System?

15 A So this note is created when I'm seeing a
16 patient. And yeah, I'm pulling in labs that are done.
17 Or I saw there was a radiology report, so of course
18 that would have been read by the attending radiologist
19 at Stroger Hospital. Some of this just auto pulls in.

20 Q Okay. And I'm looking at -- we're now at
21 Bates number 4564. And there's a signature block
22 there dated August 19, 2020; is that correct?

23 A That's what it says.

24 Q When is the -- when do you electronically

1 sign this document? Is it at the end of the visit
2 with the patient?

3 A It's when I'm done writing the note.

4 Q Okay. Is that typically after you see the
5 patient?

6 A Absolutely.

7 Q And is it fair to say that on the date of
8 this document you examined or you had a encounter with
9 Douglas Johnson?

10 A Yes.

11 Q And his injury at the time was an injury to
12 his wrist that occurred after being cuffed by Cook
13 County Jail personnel; correct?

14 A That's what he reported to me.

15 Q Okay. Did he exhibit an injury to his
16 wrist?

17 A He complained of an injury to his wrist.

18 Q Okay. And what did you do with respect to
19 his reported injury to a wrist?

20 A I took a history, which you'll see here in
21 the history of present illness, and then I examined
22 it.

23 Q What did the examination indicate?

24 A Could you scroll down to that please?

1 Q Sure. Is that what we're looking at now?
2 Or do you want me to go further down?

3 A No, you're looking at the history, so please
4 go down.

5 Q Okay. Okay.

6 A This is all the medications that would have
7 been pulled in automatically. So now we have the
8 exam.

9 Q Okay. And what does it tell us?

10 A It tells us that he was in no acute
11 distress, that he didn't have any icterus in his eyes,
12 and that he was walking with a cane on the left.

13 His right wrist had full range of motion,
14 but he was guarded on exam. It was non-erythematous.
15 The skin was not warm. And there was a skin-colored
16 nodule located in the lateral ventral aspect of the
17 right wrist which was soft but tender to palpation.

18 Q Okay. And what is a nodule?

19 A A nodule is a small growth of the skin.

20 Q Okay. And what does tender to palpation
21 signify?

22 A It's painful to the patient when touched.

23 Q Okay. And how do you determine that it's
24 painful? Does the patient report that to you?

1 A The patient reports that. But other times,
2 patients could wince or there would be some sort of
3 communication, whether it be verbal or paraverbal.

4 Q Okay. And what does the neurologic entry
5 there mean?

6 A That means that his hand grip was less than
7 normal.

8 Q Okay. And his mental status was that he
9 appeared alert and oriented; correct?

10 A Correct.

11 Q And what does the factor of three mean
12 there?

13 A Person, place, and time.

14 Q Okay. You are not disputing the fact that
15 he suffered this injury -- you're not disputing the
16 fact that he presented with a wrist injury, are you,
17 Doctor?

18 MR. LARIOS: Objection to form.

19 You can answer if you understand the
20 question.

21 THE WITNESS: I'm not disputing that he
22 presented with a wrist complaint.

23 BY MR. BLEIFUSS:

24 Q Okay. And how is that distinct from a wrist

1 injury?

2 A An injury would imply some sort of trauma or
3 other force that caused the normal functioning of the
4 wrist to be different.

5 Q Okay. And are you saying that you're not
6 making any -- you have no position on that question?

7 A What I'm saying is I'm not -- I was not
8 present when he reported that what he said was an
9 injury occurred. So I listened to him. I took his
10 word. But I --

11 Q You took his word. Would you say your
12 examination was consistent with what he reported to
13 you?

14 A His exam was consistent with some problem
15 with the wrist.

16 Q Okay. I'm scrolling down to page 4565,
17 Bates numbered page 4565. This is also a medical note
18 authored by you; correct?

19 A That's correct.

20 Q Okay. And this was authored in September of
21 2020; correct?

22 A That's what it says.

23 Q And what was this appointment for?

24 A So this was a -- a scheduled follow-up to --

1 it was likely -- if it's chronologically after the
2 last encounter, then it was scheduled to follow up.
3 But we had talked about that one. And it says that he
4 presents with follow-up of his right wrist pain.

5 Q Okay. And what does "pain is stable" mean?

6 A It hasn't changed in quality, nature,
7 description.

8 Q Okay. Am I now looking at the notes of the
9 examination? This is Bates number 4568.

10 A That's correct.

11 Q And what did you record at this examination?

12 A So about his wrist -- well, musculoskeletal,
13 again, he's ambulating with a cane. And he has a
14 persistent tender non-erythematous non-warm
15 non-fluctuate nodule of the right lateral radiocarpal
16 joint.

17 Q Okay. And what does non-erythematous mean?

18 A It is not red.

19 Q Okay. And what does non-fluctuate mean?

20 A It -- it doesn't move in a waterlike pattern
21 as would be characteristic of an abscess.

22 Q Okay. What would it be characteristic of?

23 Or what might it -- what would it indicate to you as a
24 physician?

1 A It would only indicate that it would not
2 lead me to think it's an abscess. It could be any of
3 the other things that could cause a nodule.

4 Q For example?

5 A Inflammation, growth.

6 Q Okay. Inflammation or a growth?

7 A Yeah.

8 Q Would it be consistent with a wrist injury?

9 A In certain circumstances.

10 Q Did you consider his -- I'm looking here at
11 the plan. What does the plan indicate? Or what does
12 the plan refer to in a medical note?

13 A It's what we're going to do.

14 Q Okay. And what was your plan for Mr.
15 Johnson at this point?

16 A Would you mind scrolling up so I could see
17 what the assessment was?

18 Q Sure.

19 A 'Cause they usually go together.

20 Q Impression and plan?

21 A Yes. So I gave him a diagnosis of effusion
22 of the right wrist. We skipped the radiology report,
23 so I don't -- I likely would not have given that
24 diagnosis without some sort of radiology. Yes, so in

1 the CT scan, there was a radiocarpal joint effusion
2 seen.

3 Q Okay. And what is a radiocarpal joint
4 effusion?

5 A So the radiocarpal is where the radius bone
6 meets the carpal bone. And so at that joint, there
7 was some collection of fluid.

8 Q And you indicated it's likely on the basis
9 of remote trauma; correct?

10 A I did not indicate that. That's what the
11 radiologist indicated.

12 Q Okay. And but that's information you relied
13 upon to craft this note; correct?

14 A Correct.

15 Q Okay. And you then made the diagnosis of
16 effusion of the right wrist. And so effusion is a
17 collection of fluid?

18 A Correct.

19 Q Okay. Is that the same as inflammation?

20 A It's not the same, but they are related.

21 Q Okay. Can you explain the relationship
22 between the two?

23 A Sure. So inflammation can cause an
24 effusion.

1 Q Okay. And is this consistent with an injury
2 to the right wrist?

3 A In certain circumstances.

4 Q Okay. And under these circumstances, was it
5 consistent with an injury to the right wrist?

6 A There was a probability. It -- it's unclear
7 at this time whether it could have been. You know,
8 it's -- it's related. Right? But it's not
9 necessarily a linear pattern.

10 So putting together the patient's report
11 plus the radiologist's read, one could make that
12 assumption. But together, an effusion and an injury
13 are not going to be one and the same. Does that make
14 sense?

15 Q Okay. It does. But when you say there's a
16 probability, that means there is some discernible
17 causal relationship or potential causal relationship
18 between the one and the other? And --

19 A There --

20 Q I'm sorry. Go ahead.

21 A Sorry. Sorry. There is potential, but the
22 presence of an effusion needs to be further --
23 the -- the effusion needs to be better discerned.

24 Q Okay. You would agree that -- I'm sorry.

1 Go ahead.

2 A That's all.

3 Q You would agree that there's nothing in your
4 note here that indicates any doubt or any question as
5 to the relationship between the handcuffing incident
6 he described and his complaint; correct?

7 MR. LARIOS: Objection to form.

8 You can answer if you understand the
9 question.

10 THE WITNESS: Can you restate the
11 question, please?

12 BY MR. BLEIFUSS:

13 Q Yes. There's nothing in your notes that
14 indicates any doubt on your part between the
15 handcuffing injury he described and the injury or the
16 complaint he presented with; correct?

17 MR. LARIOS: Same objection.

18 You can answer if you understand.

19 THE WITNESS: The patient reported that
20 he had sustained an injury. And after this workup, we
21 found that there was some identifiable physiologic
22 abnormality. But I am not now nor was I then in a
23 position to say that they were causally related.

24 //

1 BY MR. BLEIFUSS:

2 Q Okay. How often do you interact with
3 sheriff's employees in the course of your day? First
4 of all, would you consider yourself a sheriff's
5 employee?

6 A No.

7 Q Okay. How often do you interact with
8 sheriff's employees throughout the course of your day
9 at Cermak?

10 A Pretty much the whole workday.

11 Q Okay. And how long are your shifts?

12 A Eight hours.

13 Q Okay. And do you work with other
14 physicians, or are there PAs or nurses that work with
15 you?

16 A Yes, all those people work here.

17 Q Okay. And when you examine a patient, is
18 there typically a sheriff's employee in the room?

19 A No.

20 Q Okay. Where are the sheriff's employees
21 when you examine a patient?

22 MR. LARIOS: Objection to form of the
23 question.

24 You can answer if you understand.

1 THE WITNESS: Sheriff's --

2 BY MR. BLEIFUSS:

3 Q Physically --

4 A They're physically outside the room.

5 Q Okay. They're physically outside the room.

6 How many feet are they away from you when you examine
7 the patient?

8 A That depends on the room.

9 Q Okay. Are they within a ten-second walk of
10 where you are examining the patient?

11 MR. LARIOS: Objection. Form of the
12 question.

13 You can answer if you know.

14 THE WITNESS: I -- I can't say with
15 scientific certainty the amount of time, but they are
16 close enough that if there was an issue, they could
17 respond in a timely fashion.

18 BY MR. BLEIFUSS:

19 Q And is their relative proximity important
20 for your safety and security?

21 A Yes.

22 Q Okay. Do you know the defendant, Bacon?

23 A No.

24 Q Have you ever heard of Defendant Bacon

1 before you becoming aware of this lawsuit?

2 A I don't recall him at all.

3 Q Okay. How, physically, do you enter the
4 jail facility, when you do? Or what gate do you use
5 to enter the jail facility?

6 A Post 5.

7 Q Okay. And are you checked in by sheriff's
8 personnel at that point?

9 A Can you define what you mean by "checked
10 in"?

11 Q Do they review your bags or review an ID or
12 anything like that?

13 A Yes, I go through the metal detector. I put
14 my bag on the x-ray machine. And -- and they pat me
15 down.

16 Q Okay. And are you escorted to Cermak, or
17 are you able to walk there on your own?

18 A No, I walk independently.

19 Q Okay. And when you get to the Cermak
20 building, do you again present any sort of ID?

21 A At times.

22 Q Okay. And let's go back to the summer of
23 2020. What sort of examination rooms were you working
24 in? Can you describe the number of rooms or the

1 physical layout of the space where you were seeing
2 patients?

3 A Yeah. So on this floor, I used one of two
4 exam rooms.

5 Q Okay. And is there sort of a waiting area?
6 Or can you describe the layout of this workspace?

7 A Yeah. So in the RTU building, which is
8 where I saw Mr. Johnson, there is no waiting area.
9 The -- the tiers are up against the walls of the
10 building.

11 And then there's a hallway. And then
12 there's a central area where we have the exam rooms,
13 nurse's stations, dental has their exam space, mental
14 health. There's, you know, medical storage rooms.
15 That's within the center of the -- if you think of the
16 building like a center column. Right? Yeah.

17 Q Okay. And at any given time during your
18 shift, how many other medical support staff are
19 working with you in that space?

20 A It would be hard for me to give you an exact
21 number, but I could tell you that there are several
22 nursing staff. And depending on the day, there may or
23 may not be a mental health professional present as
24 well.

1 Q Okay. And in that same space, how many
2 sheriff's employees are there, if there's any
3 consistency -- well, strike that. Let me rephrase the
4 question.

5 How many sheriff's employees staff the space
6 where you examine patients?

7 A I could not give you a reliable answer to
8 that question.

9 Q Are there two people on hand or one person
10 on hand or what? Just, what arrangements are made to
11 ensure your safety with respect to staffing by
12 sheriff's employees?

13 MR. LARIOS: Objection to form.

14 You can answer if you understand the
15 question.

16 THE WITNESS: To ensure my safety,
17 there's at least one officer present to be mindful of
18 the exam space.

19 BY MR. BLEIFUSS:

20 Q Okay. And is that officer within hollering
21 distance, to put it the vernacular?

22 A Yes. Colloquially, yes, I'd say he's in
23 hollering -- he or she is in hollering distance.

24 Q Okay. Great. I'm showing you another note.

1 This is part of the same group exhibit. This one
2 appears to have been authored approximately a year
3 later in August of 2021. Is that correct?

4 A Yes.

5 Q Okay.

6 MR. ZEID: Adrian, I'm sorry to
7 interrupt.

8 MR. BLEIFUSS: Sure.

9 MR. ZEID: Do you know what the
10 Bates --

11 MR. BLEIFUSS: I apologize. It's
12 starting on page 4660.

13 BY MR. BLEIFUSS:

14 Q And am I right that part of the plan
15 involves replacing a wrist splint at this point?

16 A That's what it says.

17 Q Okay. And would that indicate that, at this
18 point a year later, the patient continued to present
19 with wrist complaints?

20 A That's correct.

21 Q Do you have any independent recollection or
22 recollection independent of these records of meeting
23 with Douglas Johnson?

24 A I do.

1 Q Okay. And are your medical records
2 consistent with your recollection of your appointments
3 with him?

4 A They are.

5 Q Okay. And in your recollection, how did Mr.
6 Johnson describe his pain in your meeting in the
7 summer of 2020, his wrist pain specifically?

8 A I could not tell you, almost four years
9 later, how he exactly described it unless you put the
10 note in front of me and whatever I wrote. Yeah.

11 Q Okay. All right. So you don't have a
12 specific recollection of what he told you, I take it?

13 A Not of an encounter like that. I have a
14 recollection of the patient as a whole.

15 Q Okay. And what is your recollection of him
16 as a whole?

17 A My recollection of him is that he was a -- a
18 middle-aged older gentleman who had a number of
19 serious health problems that he never really wanted to
20 focus on.

21 And he instead spent the vast majority of
22 our visits really focused on this -- these
23 musculoskeletal complaints, despite the fact that he
24 literally had life-threatening medical problems. And

1 I could never really get him to focus on them.

2 Q And again, this appears to have been signed
3 electronically on August 23, 2021; correct?

4 A Correct.

5 MR. BLEIFUSS: All right. I don't
6 think I have that many more questions. If we could
7 take just a quick ten-minute break.

8 MR. LARIOS: Sure.

9 THE REPORTER: We're off the record at
10 11:17.

11 (Off the record.)

12 THE REPORTER: We're on the record at
13 11:31 a.m.

14 BY MR. BLEIFUSS:

15 Q Dr. Ennis, you testified earlier this
16 morning that there's a probability that the symptoms
17 that Mr. Johnson presented when he was examined by you
18 were caused by the handcuffing incident he described;
19 correct?

20 A I believe I said that. Yes.

21 MR. BLEIFUSS: Okay. That is it for
22 me. No further questions.

23 MR. LARIOS: Joel?

24 Zach?

1 MR. ZEID: I have a few brief ones, but
2 if anybody else wants to go first -- otherwise --

3 MR. STILLMAN: I'm okay.

4 MR. ZEID: All right.

5 EXAMINATION

6 BY MR. LARIOS:

7 Q Dr. Ennis, my name is ASA Joel Zeid. I'm
8 just going to ask you a couple questions here.
9 Doctor, you do not know if the wrist injury the
10 plaintiff reported was caused by the handcuffing
11 incident he described; correct?

12 A I'm unable to make that temporal
13 relationship or causal relationship.

14 Q Have you ever had a patient who claimed an
15 injury when, in fact, there was no injury?

16 A Yes.

17 Q So it's possible for patients to claim
18 they're injured when, in fact, they are not; correct?

19 A That's correct.

20 Q If a patient is instructed to treat an
21 injury and chooses not to do so, do you expect that
22 injury would get any better?

23 A No.

24 Q If someone had injured their wrist prior to

1 entering the jail and never treated that injury, could
2 that injury still exist while they were then in the
3 jail?

4 A That's correct.

5 MR. ZEID: I have no further questions
6 for you, Doctor. I appreciate your time today.

7 MR. LARIOS: Zach, anything?

8 MR. STILLMAN: I'm good.

9 EXAMINATION

10 BY MR. BLEIFUSS:

11 Q Doctor, a preexisting injury can be
12 aggravated by a subsequent trauma; is that correct?

13 A That's correct.

14 Q Okay. And you make no reference in your
15 medical notes to any suspicion that Mr. Johnson is
16 malingering, do you?

17 A No, I believed him to have actual pain.

18 MR. BLEIFUSS: Okay. No further
19 questions, I guess.

20 MR. LARIOS: Joel, Zach, anything based
21 on that?

22 MR. ZEID: Nothing. Thanks, though.

23 MR. LARIOS: I have no further
24 questions. We'll waive signature.

1 MR. BLEIFUSS: Thank you, Doctor, for
2 your time.

3 THE WITNESS: You're welcome.

4 MR. LARIOS: Thank you, Doctor.
5 Pleasure.

6 THE REPORTER: Before going off the
7 record, Counsel, I'd like to take transcript orders,
8 starting with Mr. Bleifuss.

9 MR. BLEIFUSS: We will not order at
10 this time.

11 THE REPORTER: Mr. Stillman?

12 MR. STILLMAN: We are okay.

13 THE REPORTER: Mr. Zeid?

14 MR. ZEID: We're okay for now as well.

15 THE REPORTER: And Mr. Larios?

16 MR. LARIOS: No, thank you.

17 THE REPORTER: Thank you. We're off
18 the record at 11:35 a.m.

19 (Signature waived.)

20 (Whereupon, at 11:35 a.m., the
21 proceeding was concluded.)
22
23
24

CERTIFICATE OF DEPOSITION OFFICER

I, STEVEN TAYLOR, the officer before whom the foregoing proceedings were taken, do hereby certify that any witness(es) in the foregoing proceedings, prior to testifying, were duly sworn; that the proceedings were recorded by me and thereafter reduced to typewriting by a qualified transcriptionist; that said digital audio recording of said proceedings are a true and accurate record to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.



STEVEN TAYLOR

Notary Public in and for the
State of Illinois

CERTIFICATE OF TRANSCRIBER

I, DAVID SHAHVERDIAN, do hereby certify that this transcript was prepared from the digital audio recording of the foregoing proceeding, that said transcript is a true and accurate record of the proceedings to the best of my knowledge, skills, and ability; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this was taken; and, further, that I am not a relative or employee of any counsel or attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this action.

A handwritten signature in black ink, appearing to read "David Shahverdian", is written over a light gray rectangular background.

DAVID SHAHVERDIAN

[03718 - aspect]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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